

FILED

UNITED STATES DISTRICT COURT

AUG 10 2 07 PM '95

LANCASHIRE COUNTY
CLERK

3Y _____
DEPUTY

DISTRICT OF NEVADA

SPECIAL ORDER REGARDING CHANGES)
TO THE PARTIAL FILING FEE PLAN)
FOR INDIVIDUALS GRANTED LEAVE TO)
PROCEED IN FORMA PAUPERIS)

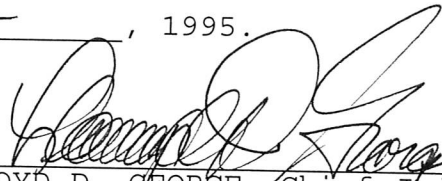
SPECIAL ORDER NO. 88


The Special Study Committee on Pro Se and Prisoner Litigation, created pursuant to Special Order #83, recommended that this Court, pursuant to Local Rule LSR 1-1, et seq., amend its partial filing fee chart and revise its in forma pauperis form. The Court concludes those recommendations should be adopted.

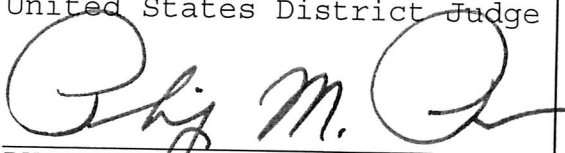
IT IS THEREFORE ORDERED that the Special Study Committee's Recommendations to revise the partial filing fee chart and in forma pauperis form are hereby ADOPTED. The revised in forma pauperis form, which contains the new partial filing fee chart, is attached to this Order and by reference is made a part hereof. The revised in forma pauperis form and the partial filing fee chart shall be effective for all new actions received for filing by the Clerk of Court on or after September 1, 1995.

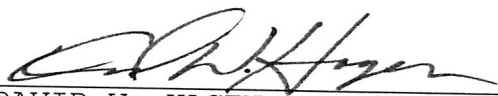
1 IT IS FURTHER ORDERED that this order shall remain in effect
2 until otherwise amended or vacated.

3 Dated this 10th day of August, 1995.

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5 
6 LLOYD D. GEORGE, Chief Judge
7 United States District Judge

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9 HOWARD D. MCKIBBEN
10 United States District Judge

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12 PHILIP M. PRO
13 United States District Judge

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15 DAVID W. HAGEN
16 United States District Judge
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United States District Court

DISTRICT OF NEVADA

Plaintiff/Petitioner,

v.

APPLICATION TO PROCEED IN FORMA PAUPERIS

Defendant/Respondent,

CASE NUMBER:

I, _____, declare that I am the (*check the appropriate box*)

____ Plaintiff
(filing 42 U.S.C. § 1983)

____ Movant
(filing 28 U.S.C. § 2255 motion)

____ Petitioner
(writ of habeas corpus
28 U.S.C. §§ 2254 or 2241)

____ Other
____ Defendant/Respondent

in this case. I am unable to pay the costs of this proceeding or give security because of my poverty. I acknowledge and consent that a portion of any recovery, as directed by the court, shall be paid to the clerk for reimbursement of all fees and costs incurred by me as a result of being granted leave to proceed *in forma pauperis*.

In further support of this application, I answer the following questions:

1. Are you presently employed? ____ Yes ____ No
 - a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer. (List gross and net salary.)
 - b. If the answer is "no," state the date of last employment and the amount of the salary or wages per month which you received.

2. Have you received within the past twelve months any money from any of the following sources?

- | | | | |
|----|--|------------------------------|-----------------------------|
| a. | Business, profession or other form of self-employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Rent payments, interest or dividends? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Pensions, annuities or life insurance payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Gifts or inheritances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | Any other sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

3. Do you own any cash, or do you have money in checking or savings accounts (include any funds in prison accounts, and any funds on deposit with a bank, saving & loan, etc., outside the prison) ?

☐ Yes ☐ No

If the answer is "yes," state the total value and location, including each account number, of the items owned (list the location of each account, type of account, and amount or balance in the account).

4. Do you own or have any interest in any real estate, stocks, bonds, notes, trusts, automobiles or other valuable property (excluding ordinary household furnishings and clothing)?

☐ Yes ☐ No

If the answer is "yes," describe the property, its location and state its approximate value.

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support each month.

6. Do you receive any income from disability, Social Security or any other pension?

☐ Yes ☐ No

If the answer is "yes," describe the source and amount received each month.

FINANCIAL CERTIFICATE

I request that an authorized officer of the institution in which I am confined, or other designated entity, complete the below Financial Certificate.

INMATE NAME (printed)

SIGNATURE & PRISON NUMBER

1. CURRENT ACCOUNT BALANCE

- (funds accessible to inmate, including)
(amount in savings account in excess of)
(minimum amount that must be maintained)

2. AVERAGE MONTHLY NET DEPOSITS

- (for past six (6) full)
(months, from all sources)

3. FILING FEE PURSUANT TO FEE CHART

- (based on #1 or #2, whichever is greater)

I hereby certify that as of this date, the above financial information is accurate for the above named inmate.

(Please sign in ink in a)
(color other than black.)

AUTHORIZED OFFICER

DATE

TITLE

FEE CHARTS

CIVIL RIGHTS CASES

Amount(\$)	Fee(\$)	Amount(\$)	Fee(\$)
0 - 4	0	95 - 109	30
5 - 9	1	110 - 124	35
10 - 19	2	125 - 149	45
20 - 29	5	150 - 174	60
30 - 39	8	175 - 199	75
40 - 50	12	200 - 224	90
51 - 64	15	225 - 249	105
65 - 79	20	250+	120
80 - 94	25		

HABEAS CORPUS

Amount (\$)	Fee(\$)
0 - 19	0
20+	5